



Instructions: This form is to be completed by the camper's parent/legal guardian. Make checks payable to Hope Springs Church. You may drop off the check at 78 East St. in Stafford Springs, mail it to PO Box 73, Stafford Springs, CT 06076 or bring it the first day of camp. If you have any questions, please call 860-684-5539 or email Kris@myhopesprings.com

Camper's Name: _____ Entering Grade: _____

Address: _____ City/State/Zip: _____

Parent Email Address: _____

Home Phone: _____ Cell Phone: _____

Church Home: _____ City: _____

Pastor's Name: _____ Phone Number: _____

T-Shirt Size: Youth: Small Medium Large
 Adult: Small Medium Large X-Large XX-Large

Camp Costs & Refund Policy
 (Please Read Carefully)

Camp Cost: Cost of Camp is \$75 per Camper. Family discount of \$10 per camper if there are more than two family members.

Refund Policy: Once Camp begins we cannot refund any registrations.

I have reviewed the camp information sheet & filled out the Behavioral Contract & Medical Release with & for my child. I have gone over all information that will help make this week a special week.

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____